## SPECIAL PRIVILEGE CERTIFICATE OF INSURANCE

		SP#
(Full Name of Insurance Company)		
ISSUED TO THE CITY OF MIL	WAUKEE: 200 E. Wells St. Rm 105 Milwau	kee, WI 53202
The company hereby certifies th	nat it has issued to:	
Full Name of Insured		
Address	lude City, State & Zip)	
a General Liability Policy No	effective	,20
\$50,000 per accident, bodily injurinsurance afforded is subject to the Milwaukee must be named as add		provided, however, that the sof the policy. The City o
material change, expiration, or inter	anding any other provision therein, thirty days' wont not to renew will be given to the City Clerk of the eunder shall remain in full force and effect.	
Dated this day of *(Must match date notarized below.)	,20 Signed Authorized Repre	sentative
	AFFIDAVIT	
STATE OF WISCONSIN ) ) ssCounty)		
I.	being first duly sworn, o	n oath deposes and savs tha
(Type or Print Name of Authorized	,being first duly sworn, o d Representative)	
he/she is the agent of the		, insure
	(Full Name of Insurance Company)	
on the attached certificate issued to		
on the attached certificate issued to	(Full Name of Insured)	
•	hat no officer, official or employee of the City of any premium, commission, fee, or other thing of value	•
*Subscribed and sworn to before me the	nis Signed	
day of,20_	Authorized Repr	esentative
Notary Public, State of Wisconsin		
My Commission expires	Notary Soal must be affixed	